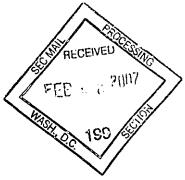
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

SEC USE ONLY

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Name of Offering (☐ check if this is	an amendment and name has cha	anged, a	nd indicate change.)				
Offering of Series D Preferred Stock	k ("Series D") and the underly	ing shar	es of Common Stoc	k issuable upon c	onvers	ion of Series D.	
Filing Under (Check box(es) that appl	ly): 🔲 Rule 504		Rule 505	⊠ Rule 506		☐ Section 4(6)	☐ ULOE
Type of Filing:		×	New Filing			Amendment	
	A. BA	SIC ID	ENTIFICATION D	ATA			
1. Enter the information requested a	about the issuer						
Name of Issuer (check if this is an	amendment and name has chang	ged, and	indicate change.)				
Beceem Communications Inc.							<u></u>
Address of Executive Offices	(Number and	Street,	City, State, Zip Code) Telephone Nu	ımber (Including Area Cod	le)
3960 Freedom Circle, First Floor, S	anta Clara, CA 95054			(408) 387-50	00		
Address of Principal Business Operati (if different from Executive Offices)	ions (Number and Street, City, S	tate, Zip	Code) PROC	Telephone Nu	imber ()0	Including Area Cod	le)
Brief Description of Business Developing wireless broadband tech	nnology.		FFR 1	2 2007	B		
Type of Business Organization	·		1	. 4 2007			•
区 corporation	☐ limited partnership, alre	eady for	med			other (please speci	fy):
☐ business trust	☐ limited partnership, to l	be forme	od .	VISON NCIAI			
Actual or Estimated Date of Incorpora	ation or Organization:	_	<u>Month</u> I O	<u>Year</u> 2003	(<u>F</u> 1	Actual	☐ Estimated
Jurisdiction of Incorporation or Organ			Service abbreviation r foreign jurisdiction)			//cua	L Listinute

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6)17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
	name first, if individual)		•	· W- T- L	
Hedayat, Shahi			<u>-</u>		
	dence Address (Number and	Street, City, State, Zip Code) edom Circle, First Floor, San	to Clara CA 95054		
Check	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
Box(es) that	□ Promoter	Beneficial Owner	Executive Officer	□ Director	Managing Partner
Apply:					
	name first, if individual)	"			
Mandava, Sure			171 <u>0.</u>		
	dence Address (Number and		4 C1 C1 05054		
		edom Circle, First Floor, San			По
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last	name first, if individual)				
Paulraj, Arogya	aswami J.				
	idence Address (Number and				
		edom Circle, First Floor, San			
Check Boxes that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last Tan, Lip-Bu	name first, if individual)				
	idence Address (Number and S				
		treet, 28 th Floor, San Francisc			·
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☒ Director	☐ General and/or Managing Partner
Full Name (Last Elahian, Kamra	name first, if individual)				
	idence Address (Number and !	Street City State 7in Orde)			
		Drive, Suite 520, Redwood Sl	hores, CA 94065		
Check Boxes that Apply:	Promoter	🗷 Beneficial Owner	☐ Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last	name first, if individual)			•	
Stevens, Mark	,				
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)			
c/o Sequoia Cap	pital, 3000 Sand Hill Road, E	Building 4, Suite 180, Menlo P	ark, CA 94025		
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
	name first, if individual)		··		Managing Partner
	Partners II, L.P.				
	dence Address (Number and	Street, City, State, Zip Code)			
	Prive, Suite 520, Redwood St				
Check	Promoter	■ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
Box(es) that					Managing Partner
Apply:	name first, if individual)	 			
•	name urst, ir individual) ed with Pacven Walden Vent	bures V. L.P.			
	dence Address (Number and				
	Street, 28th Floor, San Franc				
S Samoi illa	The state of the s				

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual) ted with Sequoia Capital XI		VI 100		
Business or Re		I Street, City, State, Zip Code) , Menlo Park, CA 94025			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las Dotz, Mary Lo	t name first, if individual)				
Business or Res	sidence Address (Number and	Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
Check Boxes	mmunications, Inc., 3960 Fr Promoter	eedom Circle, First Floor, Sa	nta Clara, CA 95054 Executive Officer	☐ Director	☐ General and/or
that Apply:	□ Promoter	☐ Beneficial Owner	Li Executive Officer	Li Director	Managing Partner
Full Name (Las	t name first, if individual)		·		
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, ZipCode)	······································		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			

			-		B.	INFORMA	ATION AB	OUT OFFE	RING				
1,	Has the issue	er sold, or de	es the issue	er intend to					under ULOE			Yes No) <u>X</u>
2.	What is the i	minimum in	vestment the	at will be ac	cepted from	n any indivi	dual?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				s	N/A
3.	Does the off	ering permit	joint owner	rship of a si	ngle unit?		•			,	•••••••	Yes No	<u>X</u>
4. Non	solicitation or registered we broker or de	of purchaser ith the SEC	s in connect and/or with	tion with s a state or st	ales of sec tates, list th	urities in the e name of th	e offering. e broker or	If a person	to be listed i	s an associate	d person or	agent of a b	muneration for proker or dealer ersons of such a
Full	Name (Last 1	name first, if	individual)										
Busi	iness or Resid	dence Addres	ss (Number	and Street,	City, State,	Zip Code)				-			
Nan	ne of Associat	ted Broker o	r Dealer										·-
State	es in Which P	Person Listed	Has Solici	ted or Inten	ds to Solici	t Purchasers							:
(Che	ck "All State	s" or check	individual S	States)									All States
[AL]	1 1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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MT] [[NE]	ĮNVĮ	[NH]	[NJ]	[NM]	[NY]	[NC]	INDI	[OH]	JOKJ	[OR]	[PA]
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Full	Name (Last i	name first, if	individual)	ı									
- to	: D:	A dd	- Olymbar	and Street	City State	7:- Code							·
bus	iness or Resid	dence Addres	ss (intilioet	and Succi,	City, State.	, Zip Couc)							
Nan	ne of Associa	ted Broker o	r Dealer				<u></u>				·		
State	es in Which F	Person Listed	Has Solici	ted or Inten	ds to Solici	t Purchasers	· · · · · · · · · · · · · · · · · · ·						
(Che	eck "All State	es" or check	individual S	States)	,			1+(1):11+(1):11+(1)+(1)					
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ΙMΤ	1	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[НО]	[OK]	[OR]	[PA]
[RI]	ĺ	[SC]	[SD]	[TN]	[TX]	ĮUΤ]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last 1	name first, if	`individual)	l									
Bus	iness or Resid	dence Addre	ss (Number	and Street,	City, State	Zip Code)							
Nan	ne of Associat	ted Broker o	r Dealer										
State	es in Which F	Person Licter	Has Solici	ted or Inten	ds to Solici	t Purchasers							
	eck "All State												All States
[AL		AKI	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HII)	[ID]
(IL)		IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	lon!	[OK]	[OR]	[PA]
(RI)		[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[VA]	WV	[WI]	[WY]	IPRI
		• •											

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box and indicate in the columns below the amounts of to Type of Security	y sold. Enter "0" if answe he securities offered for exc Aggregate	r is "none" or "zero." If hange and already exchange Amount Already
	1 ype of security	Offering Price	Sold
	Debt	\$0	\$0
	Equity		\$ 13,443,748.00
	Common Preferred	-	
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests.		\$0
	Other (Specify)	\$0	\$ 0
	Total	•	\$ 13,443,748.00
	Answer also in Appendix, Column 3, if filing under ULOE.	(-)	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount
			Of Purchases
	Accredited Investors	8	\$ <u>13,443,748.00</u>
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)		\$0
	Answer also in Appendix, Column 4, if filing under ULOE.	,	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$0
	Regulation A		\$0
	Rule 504		\$0
	Total		\$ <u>0</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known furnish an action to an absolute health the house the left of the action to		
	known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		.
	Printing and Engraving Costs		\$ <u>0</u>
	Legal Fees	u M	- <u> </u>
	Accounting Fees		
	Engineering Fees.	П	\$ <u>0</u> \$ 0
	tergereering t bed		

(1) Indicates value of securities of Issuer issued in exchange for securities of Aspendos Communications, Inc., in addition to \$2,500,000 in cash.

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify)____

Total.....

\$ 250,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	1 1
 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 an in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer" 	d total expenses furnished	\$ 17,925,000.00
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for earlif the amount for any purpose is not known, furnish an estimate and check the box to the left of the expayments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Quest	estimate. The total of the tion 4.b above.	D
	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees	□ s <u>o</u>	□ s <u>o</u>
Purchase of real estate	□ \$ 0	
Purchase, rental or leasing and installation of machinery and equipment	□ \$o	
Construction or leasing of plant buildings and facilities.	□ \$o	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$0	_
Repayment of indebtedness	□ so	
Working capital	□ \$o	
Other (specify):		□ \$o
Column Totals		<u> </u>
Total Payments Listed (column totals added)		25,000.00 (1)
	_ <u> </u>	(1)
D. FEDERAL SIGNATURE		* · · · · · · · · · · · · · · · · · · ·
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request non-accredited investor pursuant to paragraph (b)(2) of Rule 502.		
Issuer (Print or Type) Signature		Date
Beceem Communications Inc.		2/6/07
Name of Signer (Print or Type) Title of Signer (Print or Type)	4 1	<u> </u>
Eric C. Jensen Secretary		
		

(1) Indicates value of securities of Issuer issued in exchange for securities of Aspendos Communications, Inc., less estimate of legal fees, in addition to \$2,500,000 in cash.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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